

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577296

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11				3		
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22				3		
23			1			
24				4		
25			1			
26			1			
27				3		
28				3		
29				1		
30				4		
31				4		
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49						
50						
TOTAL IND.		↓	22	↓		↓
TOTAL DEP.		←	35	←		←
TOTAL CLAIMS			57			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						